

Selected National HIV Prevention and Care Outcomes in the United States

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Viral suppression is the ultimate goal of HIV treatment as it supports people living with HIV to stay healthy and live longer, and reduces the chances of passing HIV to others. Viral suppression is the central tenet in the vision of the National HIV/AIDS Strategy: Updated to 2020. By ensuring that everyone with HIV is aware of their infection and receiving the treatment they need, we can sharply reduce new infections and thereby reduce new HIV diagnoses in the United States.

The “Selected National HIV Prevention and Care Outcomes” are NHAS 2020 indicators which are used to monitor progress toward NHAS 2020 goals in the United States. Because the bars use different denominators, the data are presented as separate bar charts. Data for each measure can also be presented by sub-population (i.e., age, sex, race/ethnicity, and transmission category).

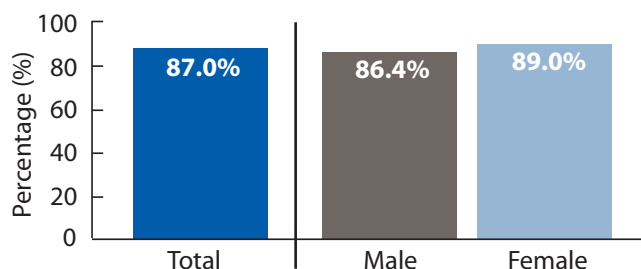
NHAS: Updated to 2020

The National HIV/AIDS Strategy: Updated to 2020 includes several specific indicators related to early HIV diagnosis and effective care, including:

- Increase the percentage of people living with HIV who know their status to at least 90 percent
- Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent
- Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80 percent

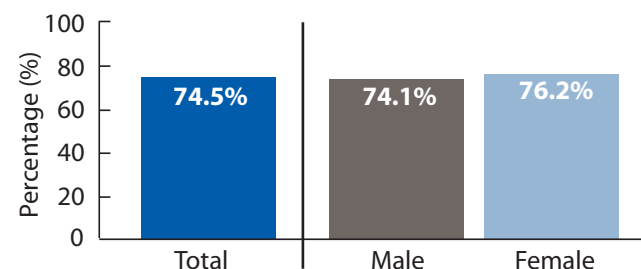
Selected National HIV Prevention and Care Outcomes, United States

Diagnosed Infection among Persons Aged ≥13 Years Living with Diagnosed or Undiagnosed HIV Infection, by Sex, 2013 – United States



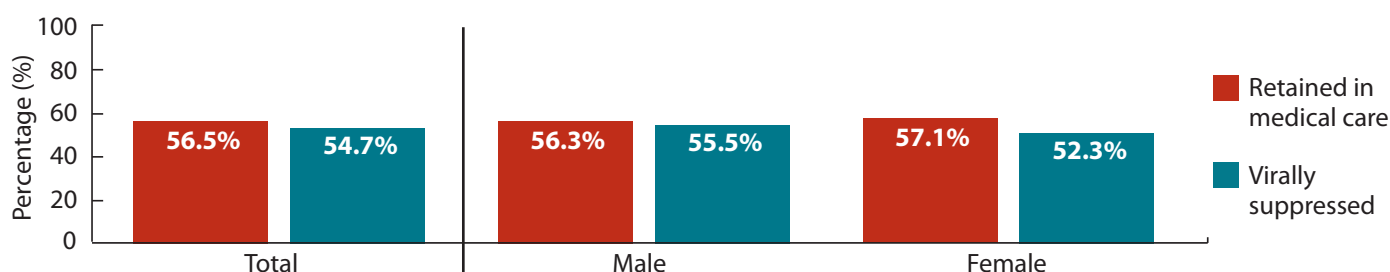
Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Estimates were derived by using back-calculation on HIV data for persons ≥13 years at diagnosis in the 50 states and the District of Columbia.

Linkage to HIV Medical Care within 1 Month after HIV Diagnosis during 2014, among Persons Aged ≥13 Years, by Sex – 32 States and the District of Columbia



Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Linkage to HIV medical care was defined as having a CD4 or VL test ≤1 month after HIV diagnosis.

Retention in HIV Medical Care and Viral Suppression among Persons Aged ≥13 Years Living with Diagnosed HIV Infection, by Sex, 2013 – 32 States and the District of Columbia



Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Retained in medical care was defined as ≥2 tests (CD4 or VL) ≥3 months apart in 2013. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2013.

The percentage diagnosed (2013) in the United States is measured as the percent of the estimated number of persons aged ≥ 13 years living with diagnosed or undiagnosed HIV infection at year-end 2013 (denominator derived using back-calculation) who are diagnosed. Linkage to care within 1 month (2014), retention (2013), and viral suppression (2013) use data from 33 jurisdictions with complete reporting of CD4 and viral load test results to CDC (32 states and the District of Columbia (D.C.)) These jurisdictions represent 70 percent of persons living with diagnosed HIV in the U.S. New is the reporting of retention and viral suppression by most recent known address rather than by residence at diagnosis. This change provides the numbers of persons diagnosed with HIV and living in the 33 jurisdictions regardless of where they were diagnosed. For additional details on how these outcomes are calculated, see Table 1.

The data source for the “Selected National HIV Prevention and Care Outcomes” is the National HIV Surveillance System (NHSS). NHSS provides a range of information on people who live with diagnosed HIV or have died with HIV from every state and territory and the District of Columbia, including race/ethnicity, route of transmission, and age. The data are reported to CDC by state and local health departments.

Table 1. Selected National HIV Prevention and Care Outcomes

Outcome	Definition
Diagnosed with HIV Infection	Measured as the percentage who are diagnosed among the total number of people living with HIV – whether diagnosed or not. The number of people living with diagnosed HIV infection is calculated as part of the HIV prevalence estimate. CDC estimates the total number of people living with HIV – whether diagnosed or not (HIV prevalence) – through statistical modeling using NHSS data from all U.S. states and D.C. (NHAS 2020 indicator)
Linkage to Care	Measured as the percentage of people with HIV diagnosed in a given calendar year that had one or more documented CD4+ or viral load tests within 1 month of diagnosis. NHSS data from states and D.C. that have complete laboratory reporting are used to estimate linkage to care. (NHAS 2020 indicator)
Retention in Care	Measured as the percentage of persons who had 2 or more documented CD4+ or viral load tests, performed at least 3 months apart in the observed year among persons with HIV diagnosed by the end of year preceding the measurement year in any jurisdiction and living in a jurisdiction with complete laboratory reporting through the end of the measurement year. This measure is now calculated using most recent known address. NHSS data from the states and D.C. that have complete laboratory reporting are used to estimate “retention” in care. (NHAS 2020 indicator)
Viral Suppression	Measured as the percentage of persons who had a viral load test result < 200 copies/mL at the most recent viral load test in the observed year among persons with HIV diagnosed at the end of the year preceding the measurement year in any jurisdiction and living in a jurisdiction with complete laboratory reporting through the end of the measurement year. This measure is now calculated using most recent known address. NHSS data from the states and D.C. that have complete laboratory reporting are used to estimate viral suppression. (NHAS 2020 indicator)

How Selected National HIV Prevention and Care Outcomes are used to Monitor Progress and Identify Needs

These outcomes are defined using the NHAS 2020 indicator definitions. At the national level, these data are used to inform decisions about how to best prioritize and target available resources and will be used to monitor progress toward meeting NHAS 2020 goals. NHAS 2020 emphasizes the ability of states to use their data, and NHSS data are available at the state and local levels. At the state and local levels, these data can also be used to track progress over time and identify where improvements are needed.

Ways of presenting HIV care outcomes will continue to evolve over time as better and more complete data become available. For more information on data used to monitor outcomes, refer to “Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data, United States and 6 Dependent Areas – 2014,” available at <http://www.cdc.gov/hiv/library/reports/surveillance/index.html>.

Importance of Complete Laboratory Reporting

Measuring progress toward the goals of the National HIV/AIDS Strategy: Updated to 2020 relies on laboratory reporting of HIV-related tests to local and national HIV surveillance systems. The CDC recommends reporting of all HIV-related test results, including CD4+T-lymphocyte (CD4) results and all viral load test results. This comprehensive laboratory reporting recommendation is in alignment with the Council of State and Territorial Epidemiologists’ (CSTE) position (ID:2001-ID-03). Laboratory data, including CD4 and viral load test results, are an essential component of the NHSS as they can be used to identify cases, classify stage of disease at diagnosis, and monitor disease progression. These data can be used to evaluate HIV testing and prevention efforts, determine entry into care and retention in care, and measure viral load suppression.